

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6-8-08

Address: 5074 Co Rd. 23

Case #: 22F43237

Auburn In 46706

County: Dekalb

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☒ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): 6 inactive reaction vessels
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: 10 gallons coleman fuel
☒ Water Reactive Metal (Lithium): Battery casings and strippings
☒ Anhydrous Ammonia: 5 lbs cylinder
☒ Hydrochloric Acid Gas Generator(s): 7 inactive HCL
☒ Corrosive Acid: 1 gallon muratic acid
☐ Corrosive Base: _____
☒ Other (item and location): glass ware

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☒ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Garrett FD

Fax: 260-357-4159

Health Department: Dekalb Co Health

Fax: 260-925-2090

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tpr Rob Smith

Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.